

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|--------------------|-----------------|
| FEE DETERMINATION | <i>[Signature]</i> | <i>[Signature]</i> | <i>5/29/10</i> |
| O.I.P.E. CLASSIFIER | <i>NH</i> | <i>612</i> | <i>11-1-03</i> |
| FORMALITY REVIEW | | | <i>10-03-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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